



**KING COUNTY MENTAL HEALTH BOARD
QUALITY COUNCIL**

**Quality Council
Monday, July 22, 2002
3:30-5:00 p.m.**

Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Alice Howell
Alberto Gallegos
Eleanor Owen
Steven Collins
Debra Roszkowski

Excused

Jack Fuller

Absent

Clifford Thurston
Jeanette Barnes

Staff Present:

Liz Gilbert

Guests

Jerilyn Anderson, UBH
Ann Allen, UBH
Sherry Storm, King County Ombuds Service

CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

INTRODUCTIONS

Meeting participants introduced themselves.

Available in alternate formats upon request.

(206) 205-1324 or (206) 205-1136

"Commitment to Equality"

King County is an Equal Opportunity Employer and complies with the Americans with Disabilities Act

ANNOUNCEMENTS

- Ron Sterling described a list serve he has developed for the SIAC/CPI Committee that provides a method for group members and others to communicate with one another. Whoever signs up can send email to the whole group and everyone on list gets it. All comments are posted at the website, and list members can review past comments and topics.
- Steven Collins announced he has enrolled at Western Washington University as a third year Human Services Major. He will continue to work with the Quality Review Team during while attending college as a “distance learning” student.
- Ron announced that the state Mental Health Division is hosting a Stakeholders Advisory Council meeting on August 14, 2002 at SeaTac Holiday Inn.

RSN UPDATE

Liz provided an update of current activities at the RSN

- The briefing papers prepared by division staff will be released in a few days. Each describes either a program or an issue of concern to the RSN. The briefing papers may be used to educate stakeholders and to advocate with legislators and elected officials.
- Four work groups are currently meeting to help prepare the system for 2003. These groups are: Policies and Procedures; Accountability; Clinical Directors; Crisis Planning.
- In accordance with the 2003 Mental Health Plan, the RSN will undertake new functions. Job descriptions have been developed for the new positions that will need to be filled, and hiring should begin in October, 2002.
- The 2003 Policy and Procedure Manual is being written. It will be released to stakeholders for review and comment this fall, and will be in effect as of January 1, 2003.
- The Children’s Mental Health Study (preliminary report) has been released by the Joint Legislative Audit and Review Committee. Members who want a copy should contact Liz Gilbert.
- The State Mental Health Division recently completed the annual review of King County RSN. There were no deficiencies identified, and no quality improvement initiatives were required.
- The Recovery Conference: “Creating a Culture of Recovery” will be held on September 19, 2002 at the Mountaineers Building. Quality Council members will receive a registration brochure.

UBH UPDATE

Jerilyn Anderson provided an update on current UBH activities

- A primary focus has been transition work related to transferring functions and records to the RSN. A list of documents was provided to the RSN, and the RSN will decide which are needed under the new plan.
- UBH continues to actively participate in a number of committees, including those that relate to implementing the 2003 Mental Health Plan

- An RFP will be issued in the month of August for projects developed by and for consumers. Projects will be funded at the same level as previously designated for Consumer Pilot projects. Example of previously funded projects include: a recycling project; coffee carts; a vending machine business; a “Com-Peer” project
- UBH is finalizing a set of reports provided to the RSN on a regular basis that describe utilization and performance in a number of areas.

UBH CLIENT SERVICES UPDATE

Ann Allan, the UBH Client Services Coordinator provided an overview of client services functions and findings. Client Services provides information to clients, their families and support systems about mental health and related services. Client Services also responds to complaints about access and quality of care. In a general way, efforts are made to resolve complaints at the “lowest level”, meaning at the level closest to the problem. This often means conversations with case managers and/or their supervisors. However, clients also have the right to request assistance in resolving problems at the level of a formal complaint or a state fair hearing, if that is their preference.

UBH prepares quality summaries of issues of concern to clients. During the first quarter of 2002, there were:

- 33 documented complaints
- The most common complaint related to: client’s perceived need for more services, different kind of services, not enough time with case aides (which can provide a relief to families who are caregivers), the need for respite care, and greater school coordination.
- For the first time, there were complaints about services no longer being available to people who do not have Medicaid benefits. This policy change is directly related to significant budget reductions.
- 25 of the 33 complaints related to services for adults, which is approximately the same ratio of adults to children enrolled in the system.
- There were a few complaints about client rights, for instance having access to clinical records in a timely fashion. Each agency is required to post copies of client rights in highly visible locations.
- There were no complaints related to being treated with respect and dignity.

When asked how information is routed to her desk, Ann indicated that her number is prominently listed in many places. In response to another question, Ann indicated that each mental health provider has its own internal grievance process. Vendors are required to report on internal grievance to UBH, which then becomes part of a countywide summary. When complaints come to the Client Services desk or to the King County Ombuds Service, it may be that the client did not want to use the agency grievance process, or felt that their issue had not been satisfactorily resolved at the agency level.

In the future, the RSN will provide copies to the Quality Council of Report N, which is submitted semi-annually to the Mental Health Division.

Quality Council members asked several process questions regarding resolution of complaints – responses follow:

- Procedures for complaint resolution vary by agency. Some have a designated person to manage complaints, but for others, complaints are routed to case managers or program manager, supervisors, or clinical directors.
- During administrative reviews, UBH assures each agency has a process in place.
- Quality Council members expressed concern that timeliness of response needs to be addressed as part of the review process.

OMBUDS UPDATE

Sherry Storm provided an overview of findings during the first quarter of 2002. She noted the reporting format has changed in response to the requirements in the State MHD contract with the RSN (Exhibit N). Sherry indicated the ombuds services handles complaints and grievances against any agency or organization that relates to Mental Health. She noted that the service can advocate in hospital settings, but has no real influence, except for those funded with RSN dollars. The Ombuds Service has not enforcement power, but it can assist consumers to elevate complaints to the State Fair Hearing level.

Sherry distributed copies of Exhibit N reports from the first quarter of 2002 and talked about how the report is developed, what is included and what is not included. Complaints are divided into categories: complaint, grievance, and fair hearing. Occasionally complaints cannot be substantiated due to a lack of trackable information – but every effort made to build case that assists the client to resolve the complaint. Some complaints come from other systems that are frustrated with accessing services on behalf of clients in common. At this point in time, most complaints appear to focus on not having enough time with their case managers. Clients are aware of life and work issues that are impacting their case managers, and they feel sorry for them – at the same time, they want to get the services they need.

The Ombuds Service attempts to assess client satisfaction with the services they provide, but sometimes it is difficult to track certain clients, for instance those who are homeless or are incarcerated.

AFTER-HOUR CRISIS RESPONSE

Alice Howell is the Quality Council liaison to the crisis response planning effort, and she provided an update. The workgroup plans to hold three more meetings, and to finish in mid-August. The discussions have been fruitful and lively. Initially, there seemed to be differences of opinions between providers and advocates, but these appear to be moving toward resolution. Liz Gilbert will provide a copy of meeting notes to the Quality Council as a record of activities.

FOLLOW-UP ON CASE MANAGER STUDY

Ron provided a draft letter he prepared on behalf of the Quality Council. The purpose of this letter is to acquaint case managers, clients and others of the role and responsibility of the Quality Council, to encourage participation with the Council, and to elicit feedback on how quality of care can be improved. The group provided several suggestions on how the letter could be improved.

NEXT MEETING

The next meeting of the Quality Council is August 26, 2002, 3:30-5:00 p.m.
Please call Liz Gilbert at 206.205-1322 if you are unable to attend.